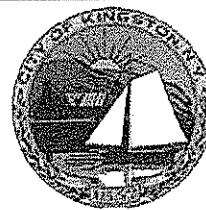




KINGSTON FIRE DEPARTMENT

APPLICATION FOR A BUILDING PERMIT



NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of the property / Building: _____

Proposed use of the property / Building: _____

2. Owner Identification

Applicants Name: _____ Relationship to Owner: _____

Owners Name: _____

Address of Owner: _____

City, State, Zip: _____

Phone - Owner: () _____ - _____ Applicant: () _____ - _____ Other: () _____ - _____

3. Type of Construction or Improvement

☐ New Building — Proposed use is _____

☐ Conversion — Current use is _____ Proposed use is _____

☐ Addition ☐ Alteration ☐ Repair / Replacement

☐ Relocation ☐ Demolition ☐ Miscellaneous Structure or Equipment

4. Description of Project: _____

5. Estimated Project Cost:

Contractors estimate for the work to be performed: \$ _____

If the work is to be performed by the homeowner: \$ _____

PART 2: DESIGNERS AND CONTRACTORS

1. Architect/Engineer: Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

2. General Contractor: Name: _____

Phone Number: _____

3. Licensed Electrical Contractor: Name: _____

Phone Number: _____ License #: _____ Permit # _____

4. Licensed Plumbing Contractor: Name: _____

Phone Number: _____ License #: _____ Permit # _____

5. HVAC Contractor: Name: _____

Phone Number: _____

6. _____ Contractor: Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

KINGSTON FIRE DEPARTMENT • BUILDING SAFETY DIVISION (845) 331-1217 FAX (845) 331-1224

Dig Safely. New York — www.digsafelynewyork.com — Call BEFORE you dig 1-800-962-7962

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. **Addition** will be used as: ☐ Family Room; ☐ Living Room; ☐ Kitchen; ☐ Den; ☐ Bedroom;
☐ Bath ☐ Full-or- ☐ Half;
☐ Other _____
7. **Basement:** ☐ Full; ☐ Partial; ☐ Crawl; ☐ Pier; ☐ Slab
8. **Garage:** ☐ Attached; ☐ Detached
9. **Deck/Porch:** ☐ Open; ☐ Covered; ☐ Enclosed; ☐ Screened; ☐ Other
10. **Utilities:** ☐ Electric; ☐ Gas; ☐ Other

PART 4: IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Safety Division of the Kingston Fire Department and must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations. The Owner/Occupant and/or Contractor is responsible for the removal of all construction and/or demolition debris from the jobsite. Contact the City of Kingston Department of Public Works at (845) 331-0682 during office hours.
2. It is the owner's responsibility to contact the Building Safety Division at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
3. OWNER HEREBY AGREES TO ALLOW THE BUILDING SAFETY DIVISION TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Building Safety Division. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date: _____

DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY

APPROVALS: ☐ Zoning Board _____ ☐ Planning Board _____
☐ Historic Landmarks _____ ☐ Heritage Area _____
☐ Code Review _____ ☐ Other _____

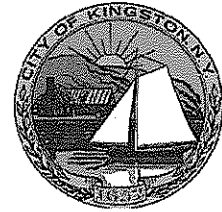
SEQRA: ☐ Type I ☐ Type II ☐ Unlisted _____
☐ Negative Declaration ☐ Positive Declaration ☐ Lead Agency _____

PERMIT FEE: Base Fee \$ _____ + SQ. FT. _____ X _____ / SQ. FT. = \$ _____ Total Fee

REVIEWED BY: _____ TITLE: _____ DATE: _____

Richard T. Salzmann
Fire Chief
James M. Brunner III
Captain

Kingston Fire Department
Building Safety Division
5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845) 331-1224



- A complete Building Permit Application
(front and back of application)

- If work is being done by the homeowner then the Workers Compensation waiver form needs to be complete
- If work is being done by a contractor this office will need a copy of the contractors Workers Compensation or Certificate CE-200 (see attached contractors notice) from NYS Workers Comp. Board.
- Plans of work being done (plot plan, survey etc...)
- Brochure of any accessory structure (sheds, pools, etc...)

****** Please note any purchases within the last year must be accompanied by a deed to show ownership.*****

Any building permit submitted without the necessary information listed above will be returned.

Richard T. Salzmann
Fire Chief
James M. Brunner III
Captain

Kingston Fire Department
Building Safety Division
5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845) 331-1224



November 14, 2008

CONTRACTORS TAKE NOTICE

Effective December 1, 2008, the State of New York Workers' Compensation Board will discontinue use of the WC/DB-100 forms.

As of that date, Contractors previously using the WC/DB-100 form as proof of **exemption** from workers' compensation and / or disability insurance requirements will be required to provide Form CE-100 to show proof of such exemption.

Contractors can find an instruction manual clarifying the requirements at the Workers' Compensation Board's website, www.wcb.state.ny.us

Contractors who carry workers' compensation and / or disability benefits insurance may continue to provide suitable proof of same to obtain their permit. Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits coverage.